



Indiana Department of Revenue
County Admissions Tax Return

I.C. 6-9-13-1

CAT-103

State Form 25341
R1/5-05

Your FID# (Federal Identification Number)

-

Tax Period (Month and Year)

Due Date

(Due before 15th of the month following collection.)

County

Name of Taxpayer _____

Address _____

City _____ State _____ Zip _____

- A. Enter total admissions for professional sporting events for _____ \$ _____
Month/Year
- B. Enter county admissions tax due (6% of Line A) \$ _____
- C. Total Amount Due \$ _____

Please make check payable to the:
Indiana Department of Revenue

Payments must be made with U.S. funds.
Please do not include check stubs when mailing your payments.

Mail to: Indiana Department of Revenue
100 N Senate Ave IGCN 140
Indianapolis IN 46204

I declare under the penalty of perjury that this is a true, correct and complete return.

Signature/Title

Date

Phone

This Return Must Be Filed Even If No Tax Is Due